

The Honorable Lauren King

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official  
capacity as President of the United States,  
et al.,

Defendant.

NO. 2:25-CV-244

DECLARATION OF CEO-MN-1  
IN SUPPORT OF PLAINTIFFS'  
MOTION FOR PRELIMINARY  
INJUNCTION

NOTE ON MOTION CALENDAR:  
FEBRUARY 28, 2025

1 I, CEO-MN-1, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make  
3 this declaration based on my personal knowledge as well as through administrative personnel  
4 who have assisted me in gathering this information from the institution I lead.

5 2. I am the CEO of an integrated health system located in Minnesota that includes  
6 an acute care hospital, a clinic system with primary and specialty care, and many other  
7 functions.

8 3. In this declaration, I am using the pseudonyms of "MN-1" to refer to the health  
9 system that I lead and "CEO-MN-1" to refer to myself. I am doing so to protect myself and the  
10 health system that I lead from harassment, injury, and retaliation. I am concerned that the  
11 extreme partisanship and political climate related to the topics I will speak to in this declaration  
12 could lead to retaliation against me or the health system that I lead. Retaliation in the form of  
13 changes to federal funding to MN-1, harassment of MN-1-affiliated providers, or other methods  
14 could be devastating and disrupt our ability to provide medically necessary care to many  
15 patients. Putting a spotlight on our institution could also threaten the patients we serve. If I were  
16 not able to use these pseudonyms, I would be unwilling to provide this declaration. I believe the  
17 information I am providing is important for the court to consider given the potential for  
18 widespread harm to patients who require, and providers and health systems that provide, gender-  
19 affirming care and I have requested to use these pseudonyms to balance these concerns.

20 4. MN-1 generates more than a billion dollars in gross revenue annually and has  
21 thousands of employees. MN-1 receives greater than \$50M in federal grants annually. If the  
22 federal government were to stop providing all research and education grants to MN-1 related to  
23 gender affirming care, the impacts would be devastating. An immediate federal funding cut  
24 would impact multiple grants, which are currently underway. This would result in a loss of  
25 approximately \$5M in funding this year, and a loss of greater than \$10M decrease in funding  
26 overall.

5. I am not aware of MN-1 having ever received federal grant funding contingent  
upon MN-1 *not* providing patients a particular type of medical treatment or medical care.  
Indeed, I am not aware of this type of funding condition having ever been placed on MN-1.

6. MN-1 provides medically necessary gender-affirming care to patients in  
Minnesota and the surrounding area. MN-1 has multiple providers who provide this care to  
patients.

7. MN-1 strives to provide patient-centered and inclusive care to all patients,  
including transgender and gender non-binary patients. Gender-affirming care provided at MN-  
1 includes multidisciplinary medical and psychological assessment care for patients  
experiencing gender incongruence.

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1 8. Pediatric gender care is an integrated, interdisciplinary medical and mental  
2 health subspecialty clinic within the larger pediatric clinic at MN-1. The clinic serves over 200  
3 patients, and grows monthly with new referrals, and increasingly receives referrals from regions  
4 that are unable to access gender-affirming care. Increasingly, MN-1 serves patients who have  
5 moved from states where they are unable to access care.

6 9. Gender care partners with psychologists to provide mental healthcare and  
7 psychotherapy to patients struggling with gender dysphoria. We supervise and provide  
8 medically necessary hormone replacement therapy for patients who are deficient in either  
9 testosterone or estradiol which is the exact same treatment that cisgender patients receive for  
10 the same conditions. In addition, we provide many clinically appropriate cares, like cancer  
11 screening, for patients.

12 10. All patients undergo a collaborative medical and mental-health intake, including  
13 assessment of gender identity, any gender-related stressors, symptoms of gender dysphoria, as  
14 well as comorbid mental health or eating disorder concerns, and other medical issues. No  
15 specific medical intervention is prioritized when discussing patient gender identity. An  
16 exploratory and developmentally appropriate approach is utilized in helping the patient and  
17 family. If gender-related medical intervention is pursued, it is only after multiple lengthy  
18 discussions of risks, potential benefits, and assessment of both caregiver and youth  
19 understanding. This is all done in line with applicable patient care best practice guidelines.  
20 Patient response, satisfaction, and observation of any adverse effects is monitored closely and  
21 longitudinally. This reduces the burden on the family and leads to more holistic and  
22 comprehensive care in keeping with the best practices for serving this population.

23 11. Banning gender affirming medical and mental health care will cause devastating  
24 harm. An overwhelming amount of research shows that gender diverse youth face  
25 disproportionately high rates of mental health concerns, including depression, suicide, and self-  
26 harm. These disparities occur due to the systemic oppression transgender and gender non-binary  
youth face, including but not limited to stigma, discrimination, and barriers to accessing  
appropriate health care, such as gender-affirming care. The affected population of youth with  
gender incongruence is at risk to experience moderate to severe mental health symptoms and  
suicidality at rates upwards of 60%.

12. Research shows being able to access gender-affirming care among transgender  
and gender non-binary youth who want it, greatly improves their mental health and well-  
being. Transgender and gender non-binary youth who can access gender-affirming medical  
care during adolescence have lower likelihood of past year suicidal ideation compared to  
transgender and gender non-binary individuals who are unable to access this care until  
adulthood showing the direct importance of youth being able to access this care when they  
want and need it. Moreover, patients with gender incongruence who receive treatment in  
adolescence versus adulthood, experience lower rates of morbidity and mortality from the  
condition.

13. Stopping gender-affirming medical for youth will forcibly detransition youth  
against their wishes. There are also youth who are not "out" as transgender within their school

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1 or home communities and this may lead to them feeling or being unsafe in these spaces, again  
2 opening them up to additional harms. Much like cisgender patients who have deficiencies in  
the appropriate sex hormones for their gender, transgender patients will suffer from severe,  
avoidable, physical, and psychological harms without this treatment.

3 14. Without being able to access gender-affirming care, and the increased hostility  
4 towards transgender and gender non-binary young people, these youth are even less likely to  
5 go to the doctor or hospital when they are ill as they generally feel less safe in their social  
6 environments. It is well known that transgender individuals avoid necessary medical care due  
7 to fears of discrimination. Banning this care would further decrease trust in medical  
8 institutions leading to less overall utilization of necessary medical services. For pediatric  
patients this would lead to decreased developmental screening, vaccination uptake, and delays  
in evaluation of medical concerns that place them at risk for severe bone and mineral disease,  
psychological instability, pain, discomfort, headaches, depression, suicidal ideation,  
dermatologic complications, and potential social disruption in their day to day lives.

9 15. The loss of youth gender medicine education and research funding at MN-1  
10 would lead to a reduction in the number of pediatric and medicine residents and fellows  
11 interested in training and practicing in Minnesota. All medical providers will provide care for  
12 transgender and gender non-binary individuals or their loved ones during their career.  
Banning gender care will leave these providers even less prepared to support this marginalized  
and at-risk group of patients.

13 16. In terms of greater public health harms, the loss of federal research funding  
14 will stall progress on science across the board. Not only will patients lose opportunities to be  
15 part of potentially beneficial research for them, but institutions will lose the opportunity to  
16 recruit and retain research-focused clinicians and faculty. This will have lasting effects on the  
institutions, even if these decisions are eventually changed or reversed.

17 17. I am aware of the Executive Order issued by President Trump on January 28,  
18 2025, entitled "Protecting Children from Chemical and Surgical Mutilation." I am aware of  
19 the temporary restraining order issued by this court enjoining enforcement or implementation  
20 of Sections 4 and 8(a) of the Executive Order through February 28, 2025. I remain concerned  
about potential harms to MN-1, its providers, and its patients, unless further action is taken to  
limit the effects of this Executive Order.

21 18. Gender-affirming medical and mental health care is essential, evidence-based,  
22 and life-saving healthcare for gender diverse youth. Patients who cannot access gender  
23 affirming care through safe, clean, and well monitored systems will pursue unsupervised and  
unsafe methods of doing so. Others will forego this care and suffer many consequences which  
will lead to costly and worsened healthcare outcomes.

24 19. It is our duty to protect the lives of all children. Physicians are being asked to  
25 either ignore the immense risk of harm to the 1.4% of children who are gender incongruent or  
26 lose the funding that allows us to provide care to all children, no matter what their health  
concern. Choosing the health and lives of some groups of children over others is not

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1 something that is permitted in the Hippocratic oath, and physicians may not withhold  
2 treatment that science has proven to have clear benefits.

3 20. Providers are in an impossible situation, most of whom have taken professional  
4 or ethical oaths to provide the best care for their patients, and yet their jobs and livelihoods,  
5 are subject to harassment and may now be at risk due to executive orders that disregard the  
6 evidence-base practices for what is the best care for transgender and gender non-binary youth.

7 I declare under penalty of perjury under the laws of the State of Minnesota and the  
8 United States of America that the foregoing is true and correct.

9 DATED this 18<sup>th</sup> day of February, 2025, at Minneapolis, Minnesota.

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